

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF COMMUNICABLE DISEASE CONTROL
TICK IDENTIFICATION SUBMITTAL**

INSTRUCTIONS: Mail specimen in alcohol in a leak proof container to:

TICK IDENTIFICATION SERVICE
NEW YORK STATE DEPT. OF HEALTH
C/O HVCC CENTRAL RECEIVING
80 VANDENBURGH AVE.
TROY, NY 12180

FOR OFFICE USE ONLY

1	2	3	4	5	6	7

Person and/or company to send report to:			REF NO:
NAME: Last: _____ First: _____ Title: _____		DATE SPECIMEN WAS COLLECTED:	
COMPANY: _____			
ADDRESS: _____			NO. OF SPECIMENS:
CITY/TOWN: _____		COUNTY: _____	
STATE: _____	ZIP: _____	PHONE: () _____	

WAS TICK COLLECTED FROM A HUMAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		SEX: _____	DOB or AGE: _____
NAME: Last: _____ First: _____ Title: _____			
ADDRESS: _____			
CITY/TOWN: _____		COUNTY: _____	
STATE: _____	ZIP: _____	PHONE: () _____	
SYMPTOMS: _____			

WAS TICK COLLECTED FROM AN ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		Pet's Name: _____	
OWNER'S NAME: Last: _____ First: _____ Title: _____			
ADDRESS: _____			
CITY/TOWN: _____		COUNTY: _____	
STATE: _____	ZIP: _____	PHONE: () _____	

RECENT TRAVEL HISTORY:	
HAS THE PERSON OR ANIMAL TRAVELLED WITHIN THE LAST MONTH?	
<input type="checkbox"/> YES: DESCRIBE LOCATION AND DATES	<input type="checkbox"/> NO, LOCAL TRAVEL ONLY

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